**Division 2 Additional Criteria Considerations**

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| **INSTRUCTIONS:**   * **This form was updated on 03/04/2024.** * **Check the box for the correct Selection Type in the Table of Contents below.** * **Complete the required Attachments and attach additional items (if applicable) behind each Attachment.** * **Delete extra pages (once Division 2 has been converted to PDF).** * **Insert page numbers onto the PDF in the Table of Contents below.** |

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| **Selection Type** | | **Required Attachments** | **Page No.:** |
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| Attachment 2.2 Nondiscrimination Certification |  |
|  | Engineering (ENG) Consultant Selections  (*not On-Call*) | Attachment 2.1 Campaign Contribution Certification |  |
| Attachment 2.2 Nondiscrimination Certification |  |
|  | Construction Administrator (CA) Consultant Selections  (*not On-Call*) | Attachment 2.1 Campaign Contribution Certification |  |
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|  | On-Call Consultant Selections | Attachment 2.1 Campaign Contribution Certification |  |
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| Attachment 2.3 Micro-Business Information (if applicable) |  |
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|  | Construction Manager at Risk (CMR) Selections | Attachment 2.1 Campaign Contribution Certification |  |
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| Attachment 2.6 CMR Instructions for Attachments 2.7 through 2.16 |  |
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| Attachment 2.15 CMR Key Personnel Resumes |  |
| Attachment 2.16 CMR Signature and Notary Statement |  |

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| **Attachment 2.1**  **Campaign Contribution Certification** |

**OPM Form 1 - Effective July 23, 2021**

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|  | **STATE OF CONNECTICUT**  **CAMPAIGN CONTRIBUTION CERTIFICATION** |

*Written or electronic certification to accompany a bid or proposal or a non-competitive contract with a value of $50,000 or more, pursuant to C.G.S. § 9-612.*

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**INSTRUCTIONS:**

Complete all sections of the form. Attach additional pages, if necessary, to provide full disclosure about any campaign contributions made to campaigns of candidates for statewide public office or the General Assembly, as described herein. Sign and date the form, under oath, in the presence of a Commissioner of the Superior Court or Notary Public. Submit the completed form to the awarding State agency at the time of submission of your bid or proposal (if no bid or proposal– submit this completed form with the earliest submittal of any document to the state or quasi-public agency prior to the execution of the contract), and if there is a change in the information contained in the most recently filed certification, such person shall submit an updated certification either (i) not later than thirty (30) days after the effective date of such change or (ii) upon the submittal of any new bid or proposal for a contract, whichever is earlier.

**Check One:**

|  |  |
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|  | **Initial Certification** |
|  | **Updated Certification because of change of information contained in the most recently filed certification** |

**CAMPAIGN CONTRIBUTION CERTIFICATION:**

I certify that neither the contractor or prospective state contractor, nor any of its principals, have made any contributions to, or solicited any contributions on behalf of, any party committee, exploratory committee, candidate for state-wide office or for the General Assembly, or political committee authorized to make contributions to or expenditures to or for, the benefit of such candidates, in the previous four years, that were determined by the State Elections Enforcement Commission to be in violation of subparagraph (A) or (B) of subdivision (2) of subsection (f) of Section 9-612 of the General Statutes, without mitigating circumstances having been found to exist concerning such violation. Each such certification shall be sworn as true to the best knowledge and belief of the person signing the certification, subject to the penalties of false statement. If there is any change in the information contained in the most recently filed certification, such person shall submit an updated certification not later than thirty days after the effective date of any such change or upon the submittal of any new bid or proposal for a state contract, whichever is earlier.

All Campaign Contributions on behalf of any party committee, exploratory committee, candidate for state-wide office or for the General Assembly, or political committee authorized to make contributions to or expenditures to or for, the benefit of such candidate, for a period of four years prior to signing the contract or date of the response to the bid, whichever is longer, include:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contribution Date** | **Name of Contributor** | **Recipient** | **Value** | **Description** |
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| **Attachment 2.1**  **Campaign Contribution Certification** (continued) |

**Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.**

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|  |  | |  |  | | | | | |  |
|  | **Printed Contractor Name** | |  | **Printed Name of Authorized Official** | | | | | |  |
|  |  | |  |  | | | | | |  |
|  | **Signature of Authorized Official** | |  |  | | | | | |  |
|  |  | | | | | | | | |  |
|  |  |  | |  |  |  |  |  |  |  |
|  | **Subscribed and acknowledged before me this** | | |  | **day of** |  | **, 20** |  | |  |
|  |  | | | *(day)* |  | *(month)* |  | *(year)* | |  |
|  |  | | |  | | | | |  |  |
|  | **Commissioner of the Superior Court (or Notary Public):** | | |  | | | | | |  |
|  |  |  | | *(signature)* | | | | | |  |
|  |  | | |  | | | | | |  |
|  |  |  | | *(print name)* | | | | | |  |
|  | **My Commission Expires:** | | |  | | | | | |  |
|  |  |  | | *(month, day, year)* | | | | | |  |
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| **Attachment 2.2**  **Nondiscrimination Certification** | | | | | |
| This certification must be completed and certified by the Bidder for **all State Contracts**, under the authority of C.G.S. §§ 4a-60(c) and 4a-60a(b), as amended. | | | | | |
| **2.1** | **Instructions:** | | | | |
|  | **2.1.1** | **In the Connecticut General Statutes:**  **Read** the nondiscrimination obligations of C.G.S. §§ [4a-60](https://www.cga.ct.gov/current/pub/chap_058.htm#sec_4a-60) and [4a-60a](https://www.cga.ct.gov/current/pub/chap_058.htm#sec_4a-60a), as amended. | | | |
|  | **2.1.2** | **In subsection 2.2 below:**  **Read** the question, **check the box** if your answer is “YES”, and **complete** the Certification as indicated. | | | |
| **2.2** | **Nondiscrimination Affirmation Provision Question and Nondiscrimination Certification:** | | | | |
|  | **QUESTION**: Does the Bidder and its authorized signatory of the Contract understand the **nondiscrimination obligations** of C.G.S. §§ 4a-60 and 4a-60a, as amended, and will the Bidder maintain a policy for the duration of the Contract to assure that the Contract will be performed in compliance with the nondiscrimination requirements of such sections?  **NOTE:** DAS shall ***not*** award a contract to a Bidder that has not included the nondiscrimination affirmation provision in the Contract and demonstrated its understanding of such provision as required in the statute. | | | | |
|  |  | **CERTIFICATION: YES**, I hereby certify that I understand the **nondiscrimination obligations** of C.G.S. §§ 4a-60 and 4a-60a, as amended, and will maintain a policy for the duration of the Contract to assure that the Contract will be performed in compliance with the nondiscrimination requirements of such sections. | | | |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | *(Signature of Authorized Official)* |  | *(Title of Authorized Official)* |  |
|  |  |  |  |  |  |
|  |  | *(Printed Name of Authorized Official)* |  | *(Date)* |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  | *(Company Name)* | | |  |

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| **Attachment 2.3 – ON-CALL SELECTIONS ONLY**  **Micro-Business Information** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2.3.1** | **Micro-Business Information:** | | | | | |
|  | **.1** | Is your firm a ***Micro-Business*** (defined as a “business with gross revenues not exceeding three million dollars in the most recently completed fiscal year”)? | **YES:** |  | **NO:** |  |
|  | **.2** | If **YES**, **attach a copy** of your firm’s Micro Business information behind this page. | | | | |

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| **Attachment 2.4 – ON-CALL SELECTIONS ONLY**  **Knowledge of Connecticut Building and Fire Codes** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2.4.1** | **Knowledge of Connecticut Building and Fire Codes:** | | | | | |
|  | **.1** | Is your firm an ***Architectural or Engineering Firm***? | **YES:** |  | **NO:** |  |
|  | **.2** | If **YES**, **attach a narrative** explaining your firm’s knowledge of the Connecticut building and fire codes behind this page. | | | | |

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| **Attachment 2.5 – ON-CALL SELECTIONS ONLY**  **Labor Rate Table** |

|  |  |  |
| --- | --- | --- |
| **2.5.1** | **Labor Rate Table:** | |
|  | **.1** | ***All On-Call Firms:*** Find the ***appropriate*** **Labor Rate Table** for your On-Call Selection. |
|  | **.2** | Complete the table by indicating a single Per Hour rate for each of the Labor Categories. |
|  | **.3** | **Delete the extra Labor Rate Table pages (once Division 2 has been converted to PDF).** |

|  |  |
| --- | --- |
| **Contract Information and Firm Name** | |
| **On-Call Contract Number:** | Click here to enter text. |
| **Firm Name:** | Click here to enter text. |

|  |  |
| --- | --- |
| **On-Call Claims Analyst**  **(OC-DCS-ANLY-AUD)** | |
| **Labor Rate Table** | |
| **Labor Category** | **Per Hour** |
| Principal in Charge | $ Click here to enter text. |
| Senior Project Manager | $ Click here to enter text. |
| Project Manager | $ Click here to enter text. |
| Senior Construction Claims Analyst | $ Click here to enter text. |
| Construction Claims Analyst | $ Click here to enter text. |
| Schedule/Damage Analyst | $ Click here to enter text. |
| Estimate/Claims Analyst | $ Click here to enter text. |
| Senior Construction Claims Auditor | $ Click here to enter text. |
| Construction Claims Auditor | $ Click here to enter text. |
| Schedule/Damage Auditor | $ Click here to enter text. |
| Estimate/Claims Auditor | $ Click here to enter text. |

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| **Attachment 2.5 – ON-CALL SELECTIONS ONLY**  **Labor Rate Table** |

|  |  |  |
| --- | --- | --- |
| **2.5.1** | **Labor Rate Table:** | |
|  | **.1** | ***All On-Call Firms:*** Find the ***appropriate*** **Labor Rate Table** for your On-Call Selection. |
|  | **.2** | Complete the table by indicating a single Per Hour rate for each of the Labor Categories. |
|  | **.3** | **Delete the extra Labor Rate Table pages (once Division 2 has been converted to PDF).** |

|  |  |
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| **Contract Information and Firm Name** | |
| **On-Call Contract Number:** | Click here to enter text. |
| **Firm Name:** | Click here to enter text. |

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| --- | --- |
| **On-Call Architect**  **(OC-DCS-ARC)** | |
| **Labor Rate Table** | |
| **Labor Category** | **Per Hour** |
| Principal in Charge | $ Click here to enter text. |
| Project Manager | $ Click here to enter text. |
| Senior Engineer/Architect | $ Click here to enter text. |
| Engineer/Architect | $ Click here to enter text. |
| Senior Designer | $ Click here to enter text. |
| Designer | $ Click here to enter text. |
| Field Engineer | $ Click here to enter text. |
| CAD/BIM Operator | $ Click here to enter text. |

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| **Attachment 2.5 – ON-CALL SELECTIONS ONLY**  **Labor Rate Table** |

|  |  |  |
| --- | --- | --- |
| **2.5.1** | **Labor Rate Table:** | |
|  | **.1** | ***All On-Call Firms:*** Find the ***appropriate*** **Labor Rate Table** for your On-Call Selection. |
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|  | **.3** | **Delete the extra Labor Rate Table pages (once Division 2 has been converted to PDF).** |

|  |  |
| --- | --- |
| **Contract Information and Firm Name** | |
| **On-Call Contract Number:** | Click here to enter text. |
| **Firm Name:** | Click here to enter text. |

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| --- | --- |
| **On-Call Construction Administrator**  **(OC-DCS-CA)** | |
| **Labor Rate Table** | |
| **Labor Category** | **Per Hour** |
| Project Executive | $ Click here to enter text. |
| Project Manager | $ Click here to enter text. |
| Assistant Project Manager | $ Click here to enter text. |
| Plan Reviewer | $ Click here to enter text. |
| Estimator | $ Click here to enter text. |
| Scheduler | $ Click here to enter text. |

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| **Attachment 2.5 – ON-CALL SELECTIONS ONLY**  **Labor Rate Table** |

|  |  |  |
| --- | --- | --- |
| **2.5.1** | **Labor Rate Table:** | |
|  | **.1** | ***All On-Call Firms:*** Find the ***appropriate*** **Labor Rate Table** for your On-Call Selection. |
|  | **.2** | Complete the table by indicating a single Per Hour rate for each of the Labor Categories. |
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| **Contract Information and Firm Name** | |
| **On-Call Contract Number:** | Click here to enter text. |
| **Firm Name:** | Click here to enter text. |

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| --- | --- |
| **On-Call Construction Administrator –**  **Consultant Services for Minor Capital Projects**  **(OC-DCS-CAm)** | |
| **Labor Rate Table** | |
| **Labor Category** | **Per Hour** |
| Principal | $ Click here to enter text. |
| Senior Project Manager | $ Click here to enter text. |
| Chief Estimator | $ Click here to enter text. |
| Scheduler | $ Click here to enter text. |
| Project Manager | $ Click here to enter text. |
| Superintendent / MEP Superintendent | $ Click here to enter text. |

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| **Attachment 2.5 – ON-CALL SELECTIONS ONLY**  **Labor Rate Table** |

|  |  |  |
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| **2.5.1** | **Labor Rate Table:** | |
|  | **.1** | ***All On-Call Firms:*** Find the ***appropriate*** **Labor Rate Table** for your On-Call Selection. |
|  | **.2** | Complete the table by indicating a single Per Hour rate for each of the Labor Categories. |
|  | **.3** | **Delete the extra Labor Rate Table pages (once Division 2 has been converted to PDF).** |

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| **Contract Information and Firm Name** | |
| **On-Call Contract Number:** | Click here to enter text. |
| **Firm Name:** | Click here to enter text. |

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| **On-Call Civil/Survey/Landscape Architect**  **(OC-DCS-CIV-SUR-LA)** | |
| **Labor Rate Table** | |
| **Labor Category** | **Per Hour** |
| Principal in Charge | $ Click here to enter text. |
| Project Manager | $ Click here to enter text. |
| Senior Engineer | $ Click here to enter text. |
| Engineer | $ Click here to enter text. |
| Senior Designer | $ Click here to enter text. |
| Designer | $ Click here to enter text. |
| Field Engineer | $ Click here to enter text. |
| CAD/BIM Operator | $ Click here to enter text. |
| Senior Landscape Architect | $ Click here to enter text. |
| Landscape Architect | $ Click here to enter text. |
| Licensed Land Surveyor | $ Click here to enter text. |
| Survey Crew – 1 person | $ Click here to enter text. |
| Survey Crew – 2 person | $ Click here to enter text. |
| Survey Crew – 3 person | $ Click here to enter text. |
| Staff Surveyor | $ Click here to enter text. |
| Survey Technician | $ Click here to enter text. |

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| **Attachment 2.5 – ON-CALL SELECTIONS ONLY**  **Labor Rate Table** |

|  |  |  |
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| **2.5.1** | **Labor Rate Table:** | |
|  | **.1** | ***All On-Call Firms:*** Find the ***appropriate*** **Labor Rate Table** for your On-Call Selection. |
|  | **.2** | Complete the table by indicating a single Per Hour rate for each of the Labor Categories. |
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| **Contract Information and Firm Name** | |
| **On-Call Contract Number:** | Click here to enter text. |
| **Firm Name:** | Click here to enter text. |

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| **On-Call Building Commissioning and**  **Building Envelope Commissioning Consultant**  **(OC-DCS-Cx)** | |
| **Labor Rate Table** | |
| **Labor Category** | **Per Hour** |
| Principal | $ Click here to enter text. |
| QA/QC Manager | $ Click here to enter text. |
| Cx Agent | $ Click here to enter text. |
| Project Manager | $ Click here to enter text. |
| Engineer | $ Click here to enter text. |
| Architect | $ Click here to enter text. |

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| **Attachment 2.5 – ON-CALL SELECTIONS ONLY**  **Labor Rate Table** |

|  |  |  |
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| **2.5.1** | **Labor Rate Table:** | |
|  | **.1** | ***All On-Call Firms:*** Find the ***appropriate*** **Labor Rate Table** for your On-Call Selection. |
|  | **.2** | Complete the table by indicating a single Per Hour rate for each of the Labor Categories. |
|  | **.3** | **Delete the extra Labor Rate Table pages (once Division 2 has been converted to PDF).** |

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| --- | --- |
| **Contract Information and Firm Name** | |
| **On-Call Contract Number:** | Click here to enter text. |
| **Firm Name:** | Click here to enter text. |

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| **On-Call Construction Cost Estimator**  **(OC-DCS-EST)** | |
| **Labor Rate Table** | |
| **Labor Category** | **Per Hour** |
| Principal Cost Estimator | $ Click here to enter text. |
| Senior Cost Estimator | $ Click here to enter text. |
| Cost Estimator | $ Click here to enter text. |
| Assistant Cost Estimator | $ Click here to enter text. |

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| **Attachment 2.5 – ON-CALL SELECTIONS ONLY**  **Labor Rate Table** |

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| **2.5.1** | **Labor Rate Table:** | |
|  | **.1** | ***All On-Call Firms:*** Find the ***appropriate*** **Labor Rate Table** for your On-Call Selection. |
|  | **.2** | Complete the table by indicating a single Per Hour rate for each of the Labor Categories. |
|  | **.3** | **Delete the extra Labor Rate Table pages (once Division 2 has been converted to PDF).** |

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| **Contract Information and Firm Name** | |
| **On-Call Contract Number:** | Click here to enter text. |
| **Firm Name:** | Click here to enter text. |

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| **On-Call Energy Consultant**  **(OC-DCS-ENGY)** | |
| **Labor Rate Table** | |
| **Labor Category** | **Per Hour** |
| Principal in Charge | $ Click here to enter text. |
| Project Manager | $ Click here to enter text. |
| Senior Engineer/SPM | $ Click here to enter text. |
| Engineer | $ Click here to enter text. |
| Senior Designer | $ Click here to enter text. |
| Designer | $ Click here to enter text. |
| Field Engineer | $ Click here to enter text. |
| CAD/BIM Operator | $ Click here to enter text. |

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| **Attachment 2.5 – ON-CALL SELECTIONS ONLY**  **Labor Rate Table** |

|  |  |  |
| --- | --- | --- |
| **2.5.1** | **Labor Rate Table:** | |
|  | **.1** | ***All On-Call Firms:*** Find the ***appropriate*** **Labor Rate Table** for your On-Call Selection. |
|  | **.2** | Complete the table by indicating a single Per Hour rate for each of the Labor Categories. |
|  | **.3** | **Delete the extra Labor Rate Table pages (once Division 2 has been converted to PDF).** |

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| **Contract Information and Firm Name** | |
| **On-Call Contract Number:** | Click here to enter text. |
| **Firm Name:** | Click here to enter text. |

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| **On-Call Environmental Consultant Services**  **(OC-DCS-ENV)** | |
| **Labor Rate Table** | |
| **Labor Category** | **Per Hour** |
| Principal in Charge | $ Click here to enter text. |
| Project Manager | $ Click here to enter text. |
| Licensed Environmental Professional | $ Click here to enter text. |
| Engineer | $ Click here to enter text. |
| Geologist | $ Click here to enter text. |
| Hydrogeologist | $ Click here to enter text. |
| Chemist | $ Click here to enter text. |
| Wetland/Soil Scientist | $ Click here to enter text. |
| Industrial Hygienist | $ Click here to enter text. |
| Staff Surveyor | $ Click here to enter text. |
| Survey Technician | $ Click here to enter text. |
| Field Technician | $ Click here to enter text. |
| Graphic Designer/GIS Specialist | $ Click here to enter text. |

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| **Attachment 2.5 – ON-CALL SELECTIONS ONLY**  **Labor Rate Table** |

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| **2.5.1** | **Labor Rate Table:** | |
|  | **.1** | ***All On-Call Firms:*** Find the ***appropriate*** **Labor Rate Table** for your On-Call Selection. |
|  | **.2** | Complete the table by indicating a single Per Hour rate for each of the Labor Categories. |
|  | **.3** | **Delete the extra Labor Rate Table pages (once Division 2 has been converted to PDF).** |

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| --- | --- |
| **Contract Information and Firm Name** | |
| **On-Call Contract Number:** | Click here to enter text. |
| **Firm Name:** | Click here to enter text. |

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| **On-Call Environmental Assessment and**  **Master Planning Consultant Services**  **(OC-DCS-EPA-PLN)** | |
| **Labor Rate Table** | |
| **Labor Category** | **Per Hour** |
| Principal in Charge | $ Click here to enter text. |
| Project Manager | $ Click here to enter text. |
| Licensed Environmental Professional | $ Click here to enter text. |
| Engineer | $ Click here to enter text. |
| Geologist | $ Click here to enter text. |
| Hydrogeologist | $ Click here to enter text. |
| Chemist | $ Click here to enter text. |
| Wetland/Soil Scientist | $ Click here to enter text. |
| Risk Assessor | $ Click here to enter text. |
| Archaeologist | $ Click here to enter text. |
| Graphic Designer/GIS Specialist | $ Click here to enter text. |

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| **Attachment 2.5 – ON-CALL SELECTIONS ONLY**  **Labor Rate Table** |

|  |  |  |
| --- | --- | --- |
| **2.5.1** | **Labor Rate Table:** | |
|  | **.1** | ***All On-Call Firms:*** Find the ***appropriate*** **Labor Rate Table** for your On-Call Selection. |
|  | **.2** | Complete the table by indicating a single Per Hour rate for each of the Labor Categories. |
|  | **.3** | **Delete the extra Labor Rate Table pages (once Division 2 has been converted to PDF).** |

|  |  |
| --- | --- |
| **Contract Information and Firm Name** | |
| **On-Call Contract Number:** | Click here to enter text. |
| **Firm Name:** | Click here to enter text. |

|  |  |
| --- | --- |
| **On-Call MBE Architect**  **(OC-DCS-MBE-ARC)** | |
| **Labor Rate Table** | |
| **Labor Category** | **Per Hour** |
| Principal in Charge | $ Click here to enter text. |
| Project Manager | $ Click here to enter text. |
| Senior Engineer/Architect | $ Click here to enter text. |
| Engineer/Architect | $ Click here to enter text. |
| Senior Designer | $ Click here to enter text. |
| Designer | $ Click here to enter text. |
| Field Engineer | $ Click here to enter text. |
| CAD/BIM Operator | $ Click here to enter text. |

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| **Attachment 2.5 – ON-CALL SELECTIONS ONLY**  **Labor Rate Table** |

|  |  |  |
| --- | --- | --- |
| **2.5.1** | **Labor Rate Table:** | |
|  | **.1** | ***All On-Call Firms:*** Find the ***appropriate*** **Labor Rate Table** for your On-Call Selection. |
|  | **.2** | Complete the table by indicating a single Per Hour rate for each of the Labor Categories. |
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|  |  |
| --- | --- |
| **Contract Information and Firm Name** | |
| **On-Call Contract Number:** | Click here to enter text. |
| **Firm Name:** | Click here to enter text. |

|  |  |
| --- | --- |
| **On-Call MBE Civil Engineering Consultant**  **(OC-DCS-MBE-CIV)** | |
| **Labor Rate Table** | |
| **Labor Category** | **Per Hour** |
| Principal in Charge | $ Click here to enter text. |
| Project Manager | $ Click here to enter text. |
| Senior Engineer | $ Click here to enter text. |
| Engineer | $ Click here to enter text. |
| Senior Designer | $ Click here to enter text. |
| Designer | $ Click here to enter text. |
| Field Engineer | $ Click here to enter text. |
| CAD/BIM Operator | $ Click here to enter text. |
| Licensed Land Surveyor | $ Click here to enter text. |
| Survey Crew – 1 person | $ Click here to enter text. |
| Survey Crew – 2 person | $ Click here to enter text. |
| Survey Crew – 3 person | $ Click here to enter text. |
| Staff Surveyor | $ Click here to enter text. |
| Survey Technician | $ Click here to enter text. |

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| **Attachment 2.5 – ON-CALL SELECTIONS ONLY**  **Labor Rate Table** |

|  |  |  |
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| **2.5.1** | **Labor Rate Table:** | |
|  | **.1** | ***All On-Call Firms:*** Find the ***appropriate*** **Labor Rate Table** for your On-Call Selection. |
|  | **.2** | Complete the table by indicating a single Per Hour rate for each of the Labor Categories. |
|  | **.3** | **Delete the extra Labor Rate Table pages (once Division 2 has been converted to PDF).** |

|  |  |
| --- | --- |
| **Contract Information and Firm Name** | |
| **On-Call Contract Number:** | Click here to enter text. |
| **Firm Name:** | Click here to enter text. |

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| --- | --- |
| **On-Call Multi-Disciplined Engineering Consultant Services**  **(OC-DCS-MDE)** | |
| **Labor Rate Table** | |
| **Labor Category** | **Per Hour** |
| Principal | $ Click here to enter text. |
| Project Manager | $ Click here to enter text. |
| Senior Mechanical Engineer | $ Click here to enter text. |
| Mechanical Engineer | $ Click here to enter text. |
| Senior Electrical Engineer | $ Click here to enter text. |
| Junior Electrical Engineer | $ Click here to enter text. |
| Plumbing/FP | $ Click here to enter text. |
| Civil Engineer | $ Click here to enter text. |
| Junior Civil Engineer | $ Click here to enter text. |
| Structural Engineer | $ Click here to enter text. |
| Junior Structural Engineer | $ Click here to enter text. |

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| **Attachment 2.5 – ON-CALL SELECTIONS ONLY**  **Labor Rate Table** |

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| **2.5.1** | **Labor Rate Table:** | |
|  | **.1** | ***All On-Call Firms:*** Find the ***appropriate*** **Labor Rate Table** for your On-Call Selection. |
|  | **.2** | Complete the table by indicating a single Per Hour rate for each of the Labor Categories. |
|  | **.3** | **Delete the extra Labor Rate Table pages (once Division 2 has been converted to PDF).** |

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| **Contract Information and Firm Name** | |
| **On-Call Contract Number:** | Click here to enter text. |
| **Firm Name:** | Click here to enter text. |

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| **On-Call Mechanical, Electrical & Plumbing Engineering Consultant Services**  **(OC-DCS-MEP)** | |
| **Labor Rate Table** | |
| **Labor Category** | **Per Hour** |
| Principal | $ Click here to enter text. |
| Project Manager | $ Click here to enter text. |
| Senior Mechanical Engineer | $ Click here to enter text. |
| Mechanical Engineer | $ Click here to enter text. |
| Senior Electrical Engineer | $ Click here to enter text. |
| Junior Electrical Engineer | $ Click here to enter text. |
| Plumbing/FP | $ Click here to enter text. |

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| **Attachment 2.5 – ON-CALL SELECTIONS ONLY**  **Labor Rate Table** |

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| **2.5.1** | **Labor Rate Table:** | |
|  | **.1** | ***All On-Call Firms:*** Find the ***appropriate*** **Labor Rate Table** for your On-Call Selection. |
|  | **.2** | Complete the table by indicating a single Per Hour rate for each of the Labor Categories. |
|  | **.3** | **Delete the extra Labor Rate Table pages (once Division 2 has been converted to PDF).** |

|  |  |
| --- | --- |
| **Contract Information and Firm Name** | |
| **On-Call Contract Number:** | Click here to enter text. |
| **Firm Name:** | Click here to enter text. |

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| --- | --- |
| **On-Call Roofing Consultant**  **(OC-DCS-ROOF)** | |
| **Labor Rate Table** | |
| **Labor Category** | **Per Hour** |
| Principal in Charge | $ Click here to enter text. |
| Project Manager | $ Click here to enter text. |
| Senior Engineer | $ Click here to enter text. |
| Engineer | $ Click here to enter text. |
| Senior Designer | $ Click here to enter text. |
| Designer | $ Click here to enter text. |
| Field Engineer | $ Click here to enter text. |
| CAD/BIM Operator | $ Click here to enter text. |

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| **Attachment 2.5 – ON-CALL SELECTIONS ONLY**  **Labor Rate Table** |

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| **2.5.1** | **Labor Rate Table:** | |
|  | **.1** | ***All On-Call Firms:*** Find the ***appropriate*** **Labor Rate Table** for your On-Call Selection. |
|  | **.2** | Complete the table by indicating a single Per Hour rate for each of the Labor Categories. |
|  | **.3** | **Delete the extra Labor Rate Table pages (once Division 2 has been converted to PDF).** |

|  |  |
| --- | --- |
| **Contract Information and Firm Name** | |
| **On-Call Contract Number:** | Click here to enter text. |
| **Firm Name:** | Click here to enter text. |

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| **On-Call Cost Estimation and Schedule Management Consultant**  **(OC-DCS-SCH)** | |
| **Labor Rate Table** | |
| **Labor Category** | **Per Hour** |
| **COST ESTIMATING:** |  |
| Principal | $ Click here to enter text. |
| Project Manager | $ Click here to enter text. |
| Chief Estimator | $ Click here to enter text. |
| Estimator, Senior, MEP | $ Click here to enter text. |
| Estimator | $ Click here to enter text. |
| Junior/Assistant Estimator | $ Click here to enter text. |
| Other: Technician | $ Click here to enter text. |
| **SCHEDULE MANAGEMENT:** |  |
| Principal | $ Click here to enter text. |
| Project Manager | $ Click here to enter text. |
| Senior Scheduler | $ Click here to enter text. |
| Scheduler | $ Click here to enter text. |
| Other: Technician | $ Click here to enter text. |

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| **Attachment 2.5 – ON-CALL SELECTIONS ONLY**  **Labor Rate Table** |

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| **2.5.1** | **Labor Rate Table:** | |
|  | **.1** | ***All On-Call Firms:*** Find the ***appropriate*** **Labor Rate Table** for your On-Call Selection. |
|  | **.2** | Complete the table by indicating a single Per Hour rate for each of the Labor Categories. |
|  | **.3** | **Delete the extra Labor Rate Table pages (once Division 2 has been converted to PDF).** |

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| --- | --- |
| **Contract Information and Firm Name** | |
| **On-Call Contract Number:** | Click here to enter text. |
| **Firm Name:** | Click here to enter text. |

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| **On-Call Structural Engineering Consultant**  **(OC-DCS-STR)** | |
| **Labor Rate Table** | |
| **Labor Category** | **Per Hour** |
| Principal in Charge | $ Click here to enter text. |
| Project Manager – Structural/Geotechnical | $ Click here to enter text. |
| Senior Engineer – Structural/Geotechnical | $ Click here to enter text. |
| Structural Engineer | $ Click here to enter text. |
| Senior Designer | $ Click here to enter text. |
| Designer | $ Click here to enter text. |
| Field Engineer | $ Click here to enter text. |
| CAD/BIM Operator | $ Click here to enter text. |

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| **Attachment 2.5 – ON-CALL SELECTIONS ONLY**  **Labor Rate Table** |

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| **2.5.1** | **Labor Rate Table:** | |
|  | **.1** | ***All On-Call Firms:*** Find the ***appropriate*** **Labor Rate Table** for your On-Call Selection. |
|  | **.2** | Complete the table by indicating a single Per Hour rate for each of the Labor Categories. |
|  | **.3** | **Delete the extra Labor Rate Table pages (once Division 2 has been converted to PDF).** |

|  |  |
| --- | --- |
| **Contract Information and Firm Name** | |
| **On-Call Contract Number:** | Click here to enter text. |
| **Firm Name:** | Click here to enter text. |

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| **On-Call Vehicular Parking Consultant**  **(OC-DCS-VEH)** | |
| **Labor Rate Table** | |
| **Labor Category** | **Per Hour** |
| Principal in Charge | $ Click here to enter text. |
| Project Manager | $ Click here to enter text. |
| Senior Engineer | $ Click here to enter text. |
| Engineer | $ Click here to enter text. |
| Senior Designer | $ Click here to enter text. |
| Designer | $ Click here to enter text. |
| Field Engineer | $ Click here to enter text. |
| CAD/BIM Operator | $ Click here to enter text. |

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| **Attachment 2.6 - CMR INSTRUCTIONS**  **for**  **Attachments 2.7 through 2.16** |
| **Required CMR Attachments:** Each prospective **Construction Manager At Risk\* (CMR)** must provide the following required attachments. If an attachment is not provided, the prospective CMR may be considered “unsatisfactory” and **not** shortlisted with respect to this Project at the sole discretion of the Connecticut Department of Administrative Services, Construction Services (DAS/CS).  **Required CMR Questions and Information:** Each prospective CMR must answer **all questions in the attachments** and provide **all** **requested information**, where applicable. Incomplete or negative answers to the questions may cause the prospective CMR to be considered “unsatisfactory” and **not** **shortlisted** with respect to this Project at the sole discretion of DAS/CS.  **Not Shortlisted:** Any prospective CMR not shortlisted as a result of incomplete attachments and/or answers to the CMR Questionnaire will receive a written response from the DAS/CS, Office of Legal Affairs, Policy, & Procurement explaining the decision. Such CMRs can request a debriefing meeting to discuss the decision.  **Confidentiality:** All information submitted by the CMR shall be considered official information acquired in confidence, and DAS/CS, Office of Legal Affairs, Policy, & Procurement will maintain its confidentiality to the extent permitted by law.  **Objective Criteria:** The prospective CMR must demonstrate that they meet the objective criteria for consideration for this specific project. **The CMR Attachments** will be used to evaluate the prospective CMR’s construction management experience, performance, and bonding ability **with projects of the same size, complexity, and construction dollar value of the project** for which subcontractor bids are to be submitted and the CMR had entered into contracts with the trade subcontractors to perform their trade work. The evaluation of the prospective CMR’s construction management experience, past performance, and bonding ability will be based upon their financial, managerial, and technical abilities, their integrity, and their absence of conflicts of interest.  *Prospective CMR’s, during the past eight (8) years, must have reached substantial completion on* ***three (3) or more*** *projects of similar complexity, equal or greater size, and “Cost Of Work” dollar value of this project for which subcontractor bids are to be submitted.* ***The prospective CMR must have been the Construction Manager At Risk\* for the projects, which have been completed through competitive public bidding.***  The CMR will be evaluated based on the record of their performance throughout all phases of the projects and not just the end results of projects, within the **eight (8) year** review period.  **Important Note:** Projects that a firm has completed as “General Contractor” or a “Construction Manager as Agent” (i.e. Projects where the firm did not enter into contracts with these trade subcontractors to perform their trade work) shall ***not*** qualify as equivalent or acceptable CMR Project Experience for this Selection.  **\*Definition of Construction Manager At Risk:** The CMR reviews and participates in design and the production of the construction documents with the Owner and Architect. The CMR solicits trade bids on behalf of the Owner from trade subcontractors on a competitive basis. The CMR shall agree upon a Guaranteed Maximum Price to perform the work identified in the Bid Documents and shall enter into contracts with these trade subcontractors to perform their trade work. |

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| **Attachment 2.7 - CMR SELECTIONS ONLY**  **Major Contractor's License** |

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| **2.7.1** | **DCP Major Contractor’s License:** | | | | | | |
|  | **.1** | **Attach a copy** of your firm’s **DCP Major Contractor’s License** ***behind this page***. | | | | | |
|  | **.2** | Has your firm's **Major Contractor’s License** ever been suspended or revoked by the DCP? | | **YES:** |  | **NO:** |  |
| **2.7.2** | Enter the **name** of the **Major Contractor’s License** holder exactly as on file with the State of Connecticut, **license number, date issued, and expiration date**: | | | | | | |
|  | **.1** | **Name:** | Click here to enter text. | | | | |
|  | **.2** | **License Number:** | Click here to enter text. | | | | |
|  | **.3** | **Date Issued:** | Click here to enter text. | | | | |
|  | **.4** | **Expiration Date:** | Click here to enter text. | | | | |

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| **Attachment 2.8 - CMR SELECTIONS ONLY**  **DAS Contractor Prequalification Certificate**  ***AND***  **DAS Update Statement** |

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| **2.8.1** | **DAS Contractor Prequalification Certificate:** | | | | | |
|  | **.1** | **Attach a copy** of your firm’s **DAS Contractor Prequalification Certificate** for the DAS Contractor Classification “Construction Manager at Risk (Group A, B, or C\*)” ***behind this page***.  \*See the **“DAS Contractor Classification”** in the **RFQ Web Advertisement** for this Project for the applicable CMR “Group” designation (Group A, B, or C). | | | | |
|  | **.2** | Has your firm ever been deemed not prequalified by DAS for the DAS Contractor Classification “Construction Manager at Risk (Group A, B, or C, as applicable)”? | **YES:** |  | **NO:** |  |
| **2.8.2** | **DAS Update Statement:** | | | | | |
|  | **.1** | **Attach a copy** of your firm’s **DAS Update Statement** ***behind this page***. | | | | |

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| **Attachment 2.9 - CMR SELECTIONS ONLY**  **CMR Project Experience** |

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| **2.9.1** | **Construction Management at Risk (CMR) Experience:** | | | | |
|  | In the past **eight (8) years** has your firm completed and reached substantial completion on **three (3)** or more projects having equal or greater size, complexity, and construction dollar value of this project for which subcontractor bids are to be submitted to the CMR? The prospective CMR must have been a **Construction Manager at Risk\*** (as defined below) for the projects, which shall have been completed through a competitive public bidding process. | **YES:** |  | **NO:** |  |
|  | **\*Construction Manager at Risk (CMR)**: The CMR reviews and participates in design and the production of the construction documents with Owner and Architect. The CMR solicits trade bids on behalf of the Owner from trade subcontractors on a competitive basis. The CMR shall agree upon a Guaranteed Maximum Price to perform the work identified in the Bid Documents and enters into contracts with these trade subcontractors to perform their trade work.  **Important Note:** Projects that a firm has completed as “General Contractor” or a “Construction Manager as Agent” (i.e. projects where the firm did not enter into contracts with these trade subcontractors to perform their trade work) shall ***not qualify as equivalent or acceptable*** CMR Project Experience for this Selection. | | | | |
| **2.9.2** | If the answer to **Question 2.9.1** above is **“YES”**, complete **Tables 2.9.1, 2.9.2, and 2.9.3** by providing the required information in the following format for **three (3)** such projects [*to a maximum of five (5)**projects*]. If additional **CMR Project Information** is submitted, please attach it ***behind this page*** in the same format. | | | | |

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| **Table 2.9.1 – CMR Project Information – Project No. 1** | | | | | | |
| **.1** | Was the firm the CMR for this Project? | **YES:** | |  | **NO:** | Role in Project: Click here. |
| **.2** | Project Name: | Click here to enter text. | | | | |
| **.3** | Project Location: | Click here to enter text. | | | | |
| **.4** | Name of Project Owner: | Click here to enter text. | | | | |
| **.5** | Phone Number of Project Owner: | Click here to enter text. | | | | |
| **.6** | Name of Project’s Design Professional: | Click here to enter text. | | | | |
| **.7** | Phone Number of Design Professional: | Click here to enter text. | | | | |
| **.8** | Date CMR contract was signed: | Click here to enter text. | | | | |
| **.9** | Date of substantial completion: | Click here to enter text. | | | | |
| **.10** | Contract amount: | $ | Click here to enter text. | | | |
| **.11** | Contract time (calendar days): | Click here to enter text. | | | | |
| **.12** | Number of days liquidated damages were assessed: | Click here to enter text. | | | | |
| **.13** | Did the project include scope of work similar to that in the Project Description for this project? | **YES:** | |  | **NO:** |  |
| **.14** | Name of CMR’s Project Manager: | Click here to enter text. | | | | |

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| **Attachment 2.9 - CMR SELECTIONS ONLY**  **CMR Project Experience** *(continued)* |

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| **Table 2.9.2 – CMR Project Information – Project No. 2** | | | | | | |
| **.1** | Was the firm the CMR for this Project? | **YES:** | |  | **NO:** | Role in Project: Click here. |
| **.2** | Project Name: | Click here to enter text. | | | | |
| **.3** | Project Location: | Click here to enter text. | | | | |
| **.4** | Name of Project Owner: | Click here to enter text. | | | | |
| **.5** | Phone Number of Project Owner: | Click here to enter text. | | | | |
| **.6** | Name of Project’s Design Professional: | Click here to enter text. | | | | |
| **.7** | Phone Number of Design Professional: | Click here to enter text. | | | | |
| **.8** | Date CMR contract was signed: | Click here to enter text. | | | | |
| **.9** | Date of substantial completion: | Click here to enter text. | | | | |
| **.10** | Contract amount: | $ | Click here to enter text. | | | |
| **.11** | Contract time (calendar days): | Click here to enter text. | | | | |
| **.12** | Number of days liquidated damages were assessed: | Click here to enter text. | | | | |
| **.13** | Did the project include scope of work similar to that in the Project Description for this project? | **YES:** | |  | **NO:** |  |
| **.14** | Name of CMR’s Project Manager: | Click here to enter text. | | | | |

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| **Table 2.9.3 – CMR Project Information – Project No. 3** | | | | | | |
| **.1** | Was the firm the CMR for this Project? | **YES:** | |  | **NO:** | Role in Project: Click here. |
| **.2** | Project Name: | Click here to enter text. | | | | |
| **.3** | Project Location: | Click here to enter text. | | | | |
| **.4** | Name of Project Owner: | Click here to enter text. | | | | |
| **.5** | Phone Number of Project Owner: | Click here to enter text. | | | | |
| **.6** | Name of Project’s Design Professional: | Click here to enter text. | | | | |
| **.7** | Phone Number of Design Professional: | Click here to enter text. | | | | |
| **.8** | Date CMR contract was signed: | Click here to enter text. | | | | |
| **.9** | Date of substantial completion: | Click here to enter text. | | | | |
| **.10** | Contract amount: | $ | Click here to enter text. | | | |
| **.11** | Contract time (calendar days): | Click here to enter text. | | | | |
| **.12** | Number of days liquidated damages were assessed: | Click here to enter text. | | | | |
| **.13** | Did the project include scope of work similar to that in the Project Description for this project? | **YES:** | |  | **NO:** |  |
| **.14** | Name of CMR’s Project Manager: | Click here to enter text. | | | | |

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| **Attachment 2.10 - CMR SELECTIONS ONLY**  **Additional Objective Criteria** |

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| **2.10.1** | **Safety / Criminal:**  **Note:** If necessary, attach additional information ***behind this page***. | | | | | | | | | | |
|  | **.1** | Has your Firm ever **violated** any Occupational Safety and Health Act (OSHA) or any standard, order or regulation promulgated pursuant to such act during the **three year (3)** period preceding the **RFQ Web Advertisement** for this Project? | | **YES:** | |  | | **NO:** | |  | |
|  | **.2** | List all willful or serious violations of any Occupational Safety and Health Act (OSHA) or of any standard, order or regulation promulgated pursuant to such act, during the **three year (3) period** preceding the **RFQ Web Advertisement** for this Project in **Table 2.10.1** below. (If such violations were cited in accordance with the provisions of any State Occupational Safety and Health Act or Occupational Safety and Health Act of 1970). Indicate whether these were abated within the time fixed by the citation or whether the citation was appealed. Also indicate if any violations were appealed and the status and/or disposition: | | | | | | | | | |
|  |  | **Table 2.10.1: List of OSHA Violations** | | | | | | | | | |
|  |  | **Violation** | **Status** | | | | | | | | |
|  |  | Click here to enter text. | Click here to enter text. | | | | | | | | |
|  |  | Click here to enter text. | Click here to enter text. | | | | | | | | |
|  |  | Click here to enter text. | Click here to enter text. | | | | | | | | |
|  |  | Click here to enter text. | Click here to enter text. | | | | | | | | |
|  | **.3** | Has your Firm had any criminal convictions related to the injury or death of any employee in the **three year (3) period** preceding the **RFQ Web Advertisement** for this Project? If **YES**, provide written explanation of any such convictions in **Table 2.10.2** below. | | | **YES:** | |  | | **NO:** | |  |
|  |  | **Table 2.10.2: List of Criminal Convictions** | | | | | | | | | |
|  |  | Click here to enter text. | | | | | | | | | |
|  |  | Click here to enter text. | | | | | | | | | |
|  |  | Click here to enter text. | | | | | | | | | |
|  |  | Click here to enter text. | | | | | | | | | |
|  | **.4** | Does your Firm have a written injury and illness prevention program? | | **YES:** | |  | | **NO:** | |  | |
|  | **.5** | Will your firm have personnel permanently assigned to safety on this Project?  If **YES**, state the names of all such personnel who will be assigned and individually list their specific duties in **Table 2.10.3** below. | | **YES:** | |  | | **NO:** | |  | |
|  |  | Table 2.10.3: List of Safety Personnel Permanently Assigned to this Project | | | | | | | | | |
|  |  | Name and Title | Specific Duties | | | | | | | | |
|  |  | Click here to enter text. | Click here to enter text. | | | | | | | | |
|  |  | Click here to enter text. | Click here to enter text. | | | | | | | | |
|  |  | Click here to enter text. | Click here to enter text. | | | | | | | | |
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| **Attachment 2.10 - CMR SELECTIONS ONLY**  **Additional Objective Criteria** *(continued)* |

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| **2.10.2** | **Claims History** (This information is submitted for informational purposes only):  **Note:** If necessary, attach additional information ***behind this page***. | | | | | | | | | | | |
|  | **.1** | Provide the following information in **Table 2.10.4** on successful claims by the State against your firm or by your firm against the State of Connecticut in the past **ten (10)** years*.* Include claims resolved by arbitration, or litigation. (Provide a separate table for each claim.) | | | | | | | | | | |
|  |  | **Table 2.10.4 Claims History** | | | | | | | | | | |
|  |  | **.1** | Firms Role: |  | Construction Manager at Risk | | | | |  | Contractor | |
|  |  | **.2** | Project Name: | Click here to enter text. | | | | | | | | |
|  |  | **.3** | Project Location: | Click here to enter text. | | | | | | | | |
|  |  | **.4** | Name of Owner: | Click here to enter text. | | | | | | | | |
|  |  | **.5** | Phone number of Owner: | Click here to enter text. | | | | | | | | |
|  |  | **.6** | Contract amount: | $ | Click here to enter text. | | | | | | | |
|  |  | **.7** | Contract time (calendar days): | Click here to enter text. | | | | | | | | |
|  |  | **.8** | Nature of claim: | Click here to enter text. | | | | | | | | |
|  |  | **.9** | Amount of claim in money and time: | | | $ | Click here. | , | Click here. | | | days. |
|  |  | **.10** | Final resolution of claim for your firm: | | | $ | Click here. | , | Click here. | | | days. |
|  |  | **.11** | Final resolution of claim against your firm: | | | $ | Click here. | , | Click here. | | | days. |

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| **2.10.3** | **Prior Disqualification** (This information is submitted for informational purposes only):  **Note:** If necessary, attach additional information ***behind this page***. | | | | | | | |
|  | **.1** | Has your firm ever been formally disqualified from performing work **for the State Of Connecticut**?  If **YES**, complete **Table 2.10.5** for each such disqualification. | | | **YES:** |  | **NO:** |  |
|  |  | **Table 2.10.5 Prior Disqualification (from State of Connecticut)** | | | | | | |
|  |  | **.1** | **State of CT Project No.:** | Click here to enter text. | | | | |
|  |  | **.2** | Project Name: | Click here to enter text. | | | | |
|  |  | **.3** | Project Location: | Click here to enter text. | | | | |
|  |  | **.4** | Date of disqualification: | Click here to enter text. | | | | |
|  |  | **.5** | Duration of disqualification: | Click here to enter text. | | | | |
|  |  | **.6** | Reason for disqualification: | Click here to enter text. | | | | |
|  | **.2** | Has your firm ever been formally disqualified from performing work for any contracting entity **other than** the State of Connecticut?  If **YES**, complete **Table 2.10.6** for each such disqualification. | | | **YES:** |  | **NO:** |  |
|  |  | **Table 2.10.6 Prior Disqualification (from other entity)** | | | | | | |
|  |  | **.1** | **Name Of Contracting Entity:** | Click here to enter text. | | | | |
|  |  | **.2** | Phone Number: | Click here to enter text. | | | | |
|  |  | **.3** | Project Name: | Click here to enter text. | | | | |
|  |  | **.4** | Project Location: | Click here to enter text. | | | | |
|  |  | **.5** | Date of disqualification: | Click here to enter text. | | | | |
|  |  | **.6** | Duration of disqualification: | Click here to enter text. | | | | |

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| **Attachment 2.11 - CMR SELECTIONS ONLY**  **Surety** |

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| **2.11.1** | **Surety Utilized for this Project:** | | | | | | |
|  | **.1** | **Attach a notarized declaration** ***behind this page*** from your firm’s **surety** listed below in **Table 2.11.1,** stating the amount of bonding capacity available to the firm for this CMR Agreement. | | | | | |
|  | **.2** | Is your firm able to obtain the required bonding for **100%** of the amount of the **“CMR Budget”**?  See the **1700 RFQ Web Advertisement for CMR Services** for this Project for the “CMR Budget”. | | **YES:** |  | **NO:** |  |
|  | **.3** | Provide the following information in **Table 2.11.1** for the surety to be used on this Project: | | | | | |
|  | **Table 2.11.1 Surety Utilized for This Project** | | | | | | |
|  | **.1** | **Surety name:** | Click here to enter text. | | | | |
|  | **.2** | **Surety phone number:** | Click here to enter text. | | | | |

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| **2.11.2** | **Sureties Utilized in Past Ten (10) Years:** Provide the following information in **Table 2.11.2** for all sureties utilized in the past ten (10) years (provide a separate table for each surety): | | | | | |
|  | **Table 2.11.2 Sureties Utilized in Past Ten (10) Years** | | | | | |
|  | **.1** | Surety name: | Click here to enter text. | | | |
|  | **.2** | Surety phone number: | Click here to enter text. | | | |
|  | **.3** | Period covered by surety: | Click here to enter text. | | to | Click here to enter text. |
|  | **.4** | Maximum amount of bonding capacity provided by surety: | $ | Click here to enter text. | | |
|  | **.5** | Number of construction contracts taken over by surety for completion: | Click here to enter text. | | | |

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| **Attachment 2.12 - CMR SELECTIONS ONLY**  **Insurance** |

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| **2.12.1** | **Insurance for this Project:** | | | | | |
|  | **.1** | **Attach notarized declarations** ***behind this page*** from your firm’s **insurance carriers** stating that the firm is able to obtain all of the required insurance listed in Article 35, *Contractor’s Insurance* of theGeneral Conditions for CMR (00 72 23), at the limits stated, for all phases of this Project. | | | | |
|  | **.2** | Is your firm able to obtain the insurance set forth in Article 35, *Contractor’s Insurance* of the00 72 23 General Conditions for CMR, at the limits stated, for all phases of the Project? | **YES:** |  | **NO:** |  |
|  |  | **NOTE:** The **00 72 23 General Conditions for CMR** are available for download from the **DAS/CS Library** (https://portal.ct.gov/DASCSLibrary) > 5000 Series > 5400 Series. | | | | |

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| **Attachment 2.13 - CMR SELECTIONS ONLY**  **Affirmative Action**  **(2.13.1 Affirmative Action Program For Employment)** |

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| **2.13.1** | **Affirmative Action Program For Employment:** | | | | | |
|  | **.1** | Does your firm have a written affirmative action program for employment? | **YES:** |  | **NO:** |  |
|  | **.2** | If **YES**, **attach a copy** of your firm’s written affirmative action program for employment ***behind this page***. | | | | |

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| **Attachment 2.13 - CMR SELECTIONS ONLY**  **Affirmative Action**  **(2.13.2 Affirmative Action Program**  **For The Use Of Subcontractors And Suppliers)** |

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| **2.13.2** | **Affirmative Action Program For The Use Of Subcontractors And Suppliers:** | | | | | |
|  | **.1** | Does your firm have a written affirmative action program for the use of subcontractors and suppliers that are Minority Business Enterprises (MBE), Woman Business Enterprises (WBE), or Small Business Enterprises (SBE)? | **YES:** |  | **NO:** |  |
|  | **.2** | If **YES**, **attach a copy** of your firm’s written affirmative action program for the use of subcontractors and suppliers that are MBE, WBE, or SBE ***behind this page***. | | | | |

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| **Attachment 2.14 - CMR SELECTIONS ONLY**  **CMR Organizational Charts**  **(2.14.1 Preconstruction Phase)** |

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| **2.14.1** | **CMR Preconstruction Phase Scope of Services Organizational Chart:**  Attach a proposed organizational chart ***behind this page*** indicating the names and roles of all **CMR Key Personnel** that shall provide Preconstruction Phase Scope of Services *as described below* and provided in:   * **Subsection 2.1** of the **0370 CMR GMP Best Value Selection Procedure Manual** (available for download from the **DAS/CS Library** (<https://portal.ct.gov/DASCSLibrary>) > 0000 Series Project Manuals and Guidelines);   and   * **00 52 23.6 CMR Preconstruction Phase Supplemental Scope of Services** (available for download from the **DAS/CS Library** (<https://portal.ct.gov/DASCSLibrary>) > 5000 Series > 5400 Series). | |
|  | ⚫ | Constructability Reviews |
|  | ⚫ | DAS Permit Checklist Review |
|  | ⚫ | Blasting and Pile Driving Report |
|  | ⚫ | Site Logistics Plan |
|  | ⚫ | Site Mobilization Report |
|  | ⚫ | Building Excavation Plan |
|  | ⚫ | Schedule and Phasing Coordination |
|  | ⚫ | Cost Control Management, including Estimates of Actual Costs |
|  | ⚫ | Construction Documents Conversion Into Subcontractor Bid Packages |
|  | ⚫ | Develop the Master Project Schedule |
|  | ⚫ | Bid to DAS Prequalified Subcontractors for each Bid Package |
|  | ⚫ | Advertise Bids |
|  | ⚫ | Issue Subcontractor Bid Packages |
|  | ⚫ | Conduct Preconstruction Conference(s) and Site Visit(s) |
|  | ⚫ | Process All Addenda |
|  | ⚫ | Receive Bids from Subcontractors and Conduct Public Bid Opening |
|  | ⚫ | Issue aGuaranteed Maximum Price (GMP) |
|  | ⚫ | Execute Subcontractor Agreements |
|  | ⚫ | Conduct and Document All Subcontractor Scope Meetings |

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| **Attachment 2.14 - CMR SELECTIONS ONLY**  **CMR Organizational Charts**  **(2.14.2 Construction Phase)** |

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| **2.14.2** | **CMR Construction Phase Scope of Services Organizational Chart:**  Attach a proposed organizational chart ***behind this page*** indicating the names and roles of all **CMR Key Personnel** that shall provide Construction Phase Scope of Services *as described below* and in:   * **Subsection 2.2** of the **0370 CMR GMP Best Value Selection Procedure Manual.** | |
|  | ⚫ | Comply with CMR General Conditions |
|  | ⚫ | Comply with CMR General Requirements |
|  | ⚫ | Conduct Preconstruction Conference |
|  | ⚫ | Periodic Update of the Master CPM Schedule |
|  | ⚫ | Monthly Update of the Schedule of Values |
|  | ⚫ | Review and Prepare Monthly Progress Payment Requests |
|  | ⚫ | Periodic Update of the Project Cash Flow Projections |
|  | ⚫ | Coordinate Subcontractors’ Requests for Information (RFIs) and A/E RFI Responses |
|  | ⚫ | Coordinate All Change Requests and Responses |
|  | ⚫ | Coordinate All Types of Submittals |
|  | ⚫ | Coordinate All Types of Testing and Inspections |
|  | ⚫ | Coordinate Subcontractors |
|  | ⚫ | Coordinate Subcontractors’ Participation in Commissioning (Cx) |
|  | ⚫ | Provide Construction Trailers, Storage, Equipment, Barriers, etc. |
|  | ⚫ | Provide All Necessary On-site Construction Management Personnel |
|  | ⚫ | Perform All Construction, Renovation, Additions, and/or Demolition as per the Contract Documents |
|  | ⚫ | Coordinate Substantial Completion and Turn Over |
|  | ⚫ | Closeout Project |

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| **Attachment 2.15 - CMR SELECTIONS ONLY**  **CMR Key Personnel Resumes** |

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| **2.15.1** | **CMR Preconstruction Phase Key Personnel Resumes:**  Attach resumes ***behind this page*** that include the following information for all **CMR Key Personnel** shown in the **CMR Preconstruction Scope of Services Organizational Chart** and that shall provide **Preconstruction Phase Scope of Services** as described above: | |
|  | ⚫ | Position/Job Function Description |
|  | ⚫ | Staff Member Name |
|  | ⚫ | Staff Member Title |
|  | ⚫ | Years Employed By Your Firm |
|  | ⚫ | Years In Present Position/Job Function |
| **2.15.2** | **CMR Construction Phase Key Personnel Resumes:**  Attach resumes ***behind this page*** that include the following information for all **CMR Key Personnel** shown in the **CMR Construction Phase Scope of Services Organizational Chart** and that shall provide **Construction Phase Scope of Services** as described above: | |
|  | ⚫ | Position/Job Function Description |
|  | ⚫ | Staff Member Name |
|  | ⚫ | Staff Member Title |
|  | ⚫ | Years Employed By Your Firm |
|  | ⚫ | Years In Present Position/Job Function |
| **2.15.3** | **IMPORTANT NOTE REGARDING PROPOSED TEAM MEMBERS AND SELECTION INTERVIEWS:** Any addition, substitution and/or subtraction of **ANY** team member from the “Original” submission booklet ***MUST*** be submitted NO later than **24 hours** before the scheduled Selection Interview date. (Any sub-consultants and outside associates or consultants required by the Prime Firm and covered by the contract will be limited to individuals or firms with the services that were specifically identified in the original submission booklet). | |

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| **Attachment 2.16 - CMR SELECTIONS ONLY**  **CMR Signature and Notary Statement** |

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| **2.16.1 Prospective CMR Signature** | | | | | | | | | |
| All prospective CMR’s must submit **Division 2**, with all portions completed, including any required attachments. | | | | | | | | | | |
|  |  | | | |  | | | |  | |
| **Dated at** |  | | | |  | | | |  | |
|  | | |  | | | | | |  | |
| **Signed this** |  | **day of** | |  | | **,** | **20** |  |  | |
|  | | |  | | | | | |  | |
| **Name of** **Firm:** |  | | | | | | | |  | |
|  |  | | | | | | | |  | |
| **Firm Address:** |  | | | | | | | |  | |
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|  |  | | | | | | | |  | |
|  | *(Signature)* | | | | | | | |  | |
|  |  | | | | | | | |  | |
|  | *(Print or Type Name)* | | | | | | | |  | |
|  |  | | | | | | | |  | |
|  | *(Title)* | | | | | | | |  | |

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| **2.16.2 Notary Statement** | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | |  | | | | | |  |
| **Mr./Mrs./Ms.** | |  | | | | | | | | | **being duly sworn** | | | | | |  |
|  | | | | | | | | | | | | | | | | |  |
| **deposes and says that he/she is the** | | | | |  | | | | | | | | | | | **of** |  |
|  | | | | | *(Position or Title)* | | | | | | | | | | |  |  |
|  | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | **, and that the answers to the foregoing** | | | | | | | | |  |
|  | *(Firm Name)* | | | | | | |  | | | | | | | | |  |
| **questions and all statements therein contained are true and correct.** | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | |  |
| **Subscribed and sworn before me this** | | | | | |  | **day of** | | |  | | | | **, 20** |  | |  |
|  | | |  | | | | | |  | | | | | | | |  |
| **Notary Public** | | |  | | | | | | | | | | | | | |  |
|  | | |  | | | | | |  | | | | | | | |  |
| **My Commission Expires** | | | |  | | | | | | | | **, 20** |  | | | |  |
|  | | | |  | | | | | | | |  |  | | | |  |

**END OF DIVISION 2**